

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly make-up with any corrections on one Block 1)

802 7590 07/06/2004

DELLETT AND WALTERS
P. O. BOX 2786
PORTLAND, OR 97208-2786

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

James H. Walters	(Depositor's name)
<i>James H. Walters</i>	(Signature)
October 2, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/030,903	05/02/2002	Takahiko Kawasaki	I-184	9865

TITLE OF INVENTION: INK JET SYSTEM IMAGE FORMING DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1550 \$1370	\$0	\$1550 \$1370	10/06/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, LY T	2853	346-023000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Dellett & Walters

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Canon Finetech Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Ibaraki, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 503036 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Oct. 2, 2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

10/05/2004 AWONDAF2 00000041 10030903

01 FC:1501

1370.00 0P

BEST AVAILABLE COPY

TRANSMIT THIS FORM WITH FEE(S)



DELLETT AND WALTERS

PATENT AND TRADEMARK LAW

SUITE 1101

310 S.W. FOURTH AVENUE

PORTLAND, OREGON 97204-2304

U.S.A.

JAMES H. WALTERS*

JOHN P. DELLETT*
OF COUNSEL

TELEPHONE

(503) 224-0115

FAX

(503) 224-7017

patent@onsmain.com

* Registered Patent Attorney

FACSIMILE COVER LETTER

PLEASE DELIVER THE FOLLOWING PAGES TO:

NAME: Mail Stop Issue Fee
FAX NO: 703-746-4000
LOCATION: U.S. Patent and Trademark Office
PHONE NO:
FROM: James H. Walters

WE ARE TRANSMITTING A TOTAL OF 3 PAGES
INCLUDING THIS COVER LETTER

DATE: October 2, 2004

TIME: 1230PM

Our ref: I-184 Your ref: 10/030,903

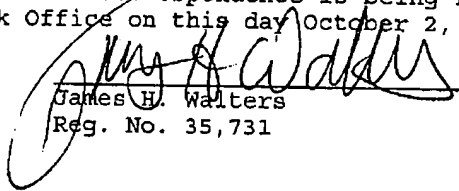
IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL BACK
AS SOON AS POSSIBLE AT (503) 224-0115

THIS MESSAGE IS A PRIVILEGED AND CONFIDENTIAL COMMUNICATION FOR
THE EXCLUSIVE USE OF THE ADDRESSEE. IT IS NOT TO BE COPIED OR
DISSEMINATED. IF YOU HAVE RECEIVED IT IN ERROR, PLEASE CALL US
IMMEDIATELY, COLLECT IF NECESSARY, AT (503) 224-0115.

Enclosed please find issue fee transmittal, deposit account charge
authorization or credit card payment form for the issue fee (\$1370), and the
certificate of facsimile transmission.

Certification of Facsimile Transmission

I hereby certify that this correspondence is being facsimile transmitted
to the Patent and Trademark Office on this day October 2, 2004.


James H. Walters
Reg. No. 35,731